Revisi	on: HC	CFA-PM-91- 4 GUST 1991	(BPD)	ATTACHMENT 4.18-E Page 1 OMB No.: 0938-						
	;	STATE PLAN UN	DER TITLE XIX OF THE	SOCIAL SECURITY ACT						
	St	ate/Territory	: IDAHO							
Optional Sliding Scale Premiums Imposed on Qualified Disabled and Working Individuals										
qua	alified	wing method : disabled and 0)(E)(ii) of	d working individuals	the monthly premium imposed on scovered under section						
for	r premi	um payment, r	otification of the c	s as follows (include due date consequences of nonpayment, and cof premium payment):						
*Description provided on attachment.										
TN No. Superse TN No.	des	Approval D	ate 1/21/92	Effective Date /b//9/						
		<del>-</del>		HCFA ID: 7986E						

Rev	ision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		ATTACHMENT 4. Page 2 OMB No.:0938-	18-E		
		STATE PLAN U	NDER TITLE X	XIX OF THE	SOCIAL SECURITY	ACT		
		State/Territor	y:IDA	THO				
c.	State	or local funds	under other	programs	are used to pay	for premiums:		
		Yes		No				
D.	a prem	riteria used for nium because it bed below:	r determinin would cause	g whether an undue	the agency will hardship on an i	waive payment of ndividual are		
*Description provided on attachment.								
TIN NO CITY								
Sup	ersede: No.	Approval	Date	192-	Effective Date	10/1/91		
* 14					HCFA ID: 7986E	}		

ATTACHMENT 4.18-E